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OPERATION FOR THE FORMATION OF ARTIFICIAL PUPIL.

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THE formation of an artificial pupil, under the most favorable circumstances, is not to be considered as an operation easily and safely executed: on the contrary it is acknowledged to be one of the most difficult in execution, and the most doubtful as regards the final result, in the range of ophthalmic surgery. "In some rare instances, in which the eye has not suffered much, in which the lens and capsule are entire, and not injured by the operation, perfect sight may be restored. But, generally speaking, the result of this proceeding is much less favorable than that of cataract operations. In many instances, the patient must be contented if he should be able to see large objects and to find his way alone."^{*}

The case detailed below, presented several obstacles to a successful issue; the chief of which, were the extreme flatness of the cornea and the extensive adhesions between that part and the iris. Whenever the capsule and crystalline lens retain their transparency, it is highly important that they should not be removed or injured in any way. For besides their importance to the due performance of the function of vision, in the event of a successful operation, it must be apparent that the laceration of the capsule will destroy the support anteriorly afforded by that membrane to the vitreous humor, and as in extraction of cataract, may and in many instances inevitably will be followed by the loss of a greater or smaller portion of that humor. When, then, the anterior chamber is abolished, by the cornea being flat (presenting a plane surface nearly) and the iris being adherent over a large extent and in close contact throughout the whole posterior face, it is a matter of no small difficulty to pass a sharp-pointed knife through the cornea, and of necessity through the iris also, without puncturing the capsule and lens. The loss of the lens, indeed, can afterwards be supplied by the use of convex glasses; and the evacuation of a large part or even the whole of the vitreous humor,† according to some writers, does not necessarily

^{*} Lawrence, page 305.

† In describing the operation of "extracting the cataract," says Benjamin Bell, in his *System of Surgery*, Vol. IV. page 330, "I have sometimes noticed the loss of a considerable part, or perhaps the whole of the vitreous humor. By this the eye becomes flat and instantly sinks within the orbit. But although it ought to be guarded against with the nicest attention, it does not always prevent the

induce blindness. But the perfection of the operation, which forms the subject of these remarks, imperatively demands that the integrity of all these parts should remain inviolate, provided, always, that they are in a sound state.

Before describing the case in hand, I beg permission to quote the practical deductions drawn by Scarpa, from a consideration of the different methods adopted by eminent surgeons for the formation of a permanent artificial pupil, premising that his objections to the employment of the hook and scissors for the purpose of extracting and excising a portion of the iris, as performed in certain cases by Beer and Gibson, are not, in my opinion, well founded. Scarpa, having relinquished his operation by detachment of the iris, gives the following indications. "The use of the scissors, for making an opening in the iris with exactness and certainty, rendering a division of the cornea indispensable, to do this in such a manner as to include as small a part of the circumference of that membrane as possible, and far less than is usual in the extraction of cataract; to divide the iris with the scissors in such a manner, that a small triangular flap may be formed in it, and as much as possible in its centre; and, lastly, that the new pupil, as far as practicable, may be in the centre of the iris, or at least at such a distance from the ciliary ligament and processes, that the latter may not be an obstacle to vision." To these rules, which he says apply to all cases, both simple and complicated, he allows there may be one exception. The exception occurs in those (not uncommon) cases of closure of the pupil, in which the pupillary margin of the iris has been drawn into the cicatrix of the cornea and remained adherent to it. The fibres of the iris being thereby put on the stretch, a transverse incision in the iris alone is at once the most simple and obvious proceeding. Accounts of this latter operation having been performed with much success, may be found in the works of Sir W. Adams, and in this country in Dr. Delafield's appendix to the American edition of Travers on the Eye. But the operation by incision (*Koretomia*) alone, is admissible, however, only when the capsule and lens are opaque, or after extraction, and not where these parts remain transparent and in situ, and I therefore employed the hook and scissors, adopting, more particularly in the second operation, the method pursued by Gibson,* in such cases. In cases of this description, i. e., where there are extensive adhesions be-

success of the operation. I have known, indeed, some instances of the eye remaining sunk and motionless after this accident, but most frequently the globe begins soon to fill again, and in the course of two or three weeks it has commonly acquired its usual bulk, probably from a regeneration of the aqueous humor." He adds, "I have often observed as perfect a state of vision after this operation, where all the vitreous humor had been lost, as if none of it had been discharged; of which a remarkable instance occurred in a woman who some time ago had the operation performed on both eyes. The eyes were otherwise apparently sound. In one, the whole of the vitreous humor was forced out along with the cataract, and the eye sunk entirely to the bottom of the orbit; in the other, the operation was performed with much accuracy, the cataract was extracted and none of the vitreous escaped. In the course of three or four weeks, however, from the operation, both eyes were of the same bulk; their appearance was perfectly similar, and the patient discovered objects equally well with either of them." SCRIVANUS—cited by Porterfield in his excellent *Treatise on the Eye and Phenomena of Vision*—by way of experiment, squeezed the whole of the humors out of the eyes of a goose, a cock and a hen, all of whom again recovered their sight without the assistance of any medicine. In reference to the subject of these extracts, I may observe that in a metrical essay recently published, upon the healing art, it has been recommended to inject the eyeball with lukewarm water, as a substitute for the natural contents, whenever, unfortunately, they have been evacuated by accident or during any surgical operation!

* Practical Observations on the Formation of Artificial Pupil, by Benjamin Gibson, Manchester.

tween the iris and opaque cornea, which include the whole border of the pupil, or nearly so, before the hook or scissors can be used with advantage, Mr. Gibson observes, it becomes necessary to separate the adhesions as extensively as possible. For this purpose the point of the cornea-knife is to be passed through the cornea in the usual way, as in making the punctuation in extraction, and is to be directed to those adhesions, the division of which will most effectually tend to render the iris free, for the subsequent part of the operation. Great care must at the same time be taken to avoid undue pressure upon the eyeball, that the aqueous humor may not escape before that object is accomplished; for otherwise the cornea and adherent iris will become flaccid, and the adhesions be much more difficult to separate. To the permanent success of this operation, Mr. G. considers it of consequence that a portion of the iris should be removed.

CASE. B. M., 29 years of age. In the month of May, 1837, was attacked, in both eyes, with purulent ophthalmia, and this resulted in total blindness,* from ulceration or sloughing of the cornea, the consequent prolapse of the irides and closure of the pupils. When first seen by me, nearly two thirds of the cornea of the right eye, and a rather smaller extent of the left, was occupied by a dense opacity of a pearly white color, in which were plainly visible several black points, indicating the places where the irides had protruded and had become inseparably united with the cicatrices left by the ulcers. In these cicatrices, the whole pupillary or free margin of the iris had become involved or included, and hence the occurrence of closure of the pupils, which was entire and irremediable except by an operation. The cornea of each eye, but especially that of the right, had lost its natural convexity, and had become extremely flattened. The irides were in close contact everywhere with the posterior face of the cornea, and of course the anterior chambers of the eye were completely abolished. Both eyes were affected with chronic inflammation, and the lining membrane of the upper lids was granulated. She had, however, a distinct perception of light, and could readily distinguish day from night, and even moderate variations in the degrees of light. During an attack of a violent inflammation of the eyes, about six months since, she experienced luminous spectra, or a morbid perception, as of flashes of blue or variegated light, accompanied with showers of sparks; this was attended with photophobia. As the inflammation subsided, these gradually disappeared, or rather gave place to the appearance of dark muscæ floating in the field of vision, which were apparent only in the day-time, and most so when the light was the most bright. Immediately after the operation they ceased to be visible, but again appeared, though much less numerous and distinct than before.

The first step was to bring the eyes into a more healthy condition, by moderate local depletion, and by making local applications to reduce the granulations of the lids. When, by these means, both eyes and lids were brought into a sounder state, I attempted to form an artificial pupil in the right eye. The patient having been cupped, and having

* Blindness, so far that the patient could not find her way about alone.

taken a dose of sulphate of magnesia on the preceding day, an incision was made in the lower part of the cornea, as for extraction of cataract, but of less extent. From the extreme flatness of the cornea, and consequent abolition of the anterior chamber, it was very difficult to avoid puncturing the anterior capsule of the lens. This was followed by the escape of the crystalline and the loss of a considerable portion of the vitreous humor. A sufficient portion of the iris, however, was removed, and the eye was bandaged as after extraction. On the succeeding day, the eye had regained its usual fulness, and the inflammation was not at all severe. But the opacity resulting from the incision was so extensive as to render the operation of no avail.

Sept. 7th. Assisted by Dr. Palmer, and in the presence of Dr. Strong and Dr. Hopkins, an operation was performed on the opposite eye. The patient being placed on a bed, in a horizontal position and with the head slightly raised, with a cornea knife I made a simple puncture through the cornea near the external lateral margin. Having separated a part of the adhesions as freely as the flaccid and apparently thickened state of the iris would permit, the opening was somewhat enlarged in withdrawing the knife. A small quantity of aqueous humor flowed out, but the lens and capsule were untouched. A fine hook was now engaged in the central opening in the iris, and a portion of it being drawn out, was excised with the scissors. An immediate effusion of blood filled the new pupil and insinuated itself between the iris and cornea. Previously to the hemorrhage, the patient plainly distinguished the window, but afterwards she could see light only, and that appeared to be of a red color. There ensued, soon after the operation, a violent throbbing sensation in the eye and head, for which she was cupped, the same day, with relief.

Saturday. The deposit of blood in the anterior chamber has been diminished by absorption; there is no pain, and but little redness of the eyeball. Warm applications are now more agreeable than the cold lotions which she at first preferred.

Monday. Yesterday, contrary to direct orders, the patient was allowed by the nurse to go down stairs. She had all day more or less pain in the eyeball, and an œdematous swelling of the eyelids, for which blood was taken, by cups, to the amount of eight ounces. There is now a coagulum of blood at the lower part of the anterior chamber and about the incision of the cornea, which has not yet perfectly united. The



Artificial pupil in left eye of B. M.

iris appears dull and discolored. The artificial pupil is of an elliptical figure; it is situated near the centre, but extends towards the external margin of the iris, as delineated in the marginal plate. Vision is improving, and the light seems less red than before. To be cupped, if pain returns; and to take every night one of the following pills. *R.* Hydrarg. submurat. opii pulv., āā gr. vi.; camph. pulv., gr. xii. Misc; in pil. no. vi. dividend. Also, to have the extract of stramonium applied around the eye, three times daily.

Tuesday. Rested well; has no pain or uneasiness of the eye, but con-

plaints of soreness only ; the effusion of blood has nearly disappeared from the pupil, but still remains about the incision ; can now see sufficiently well to tell the number of fingers held before the eye. The inferior angle of the incision being very prominent, was touched with the solid nitrate of silver, reduced to a fine point ; the other remedies to be continued as already directed.

Thursday, 7th day. Vision improving daily ; no blood to be detected in the chambers of the eye ; the prominence at the inferior angle of the corneal incision has increased, and has assumed a vesicular appearance. To be touched with the caustic pencil daily.

Saturday. The patient reports that the eye feels as comfortable in all respects as it did before the operation. The protrusion has diminished in size. With respect to vision, she can distinguish readily small objects, such as a penknife, a spoon, &c. and colors most distinctly.

Monday. Appearance of eye the same ; state of vision improving. Soon after this she omitted the pills, her gums having become tender.

Saturday, October 6th. The protrusion has become less prominent, and is opaque and of firmer consistence, from the effusion of coagulable lymph ; the patient can readily distinguish small objects, such as pins, needles, &c., and can see distant buildings, and vessels sailing in the harbor.

There is one other circumstance to be noticed as a consequence of the operation ; viz., a change in the expression of the patient's countenance, from the vacant aspect of a blind person to the intelligence and animation which alone belong to those who see.

In conclusion, it is evident that closure of the pupil must occur in connection with very dissimilar conditions of the eye, and that therefore the same mode of operation cannot be applicable to every case. As opportunities occur, it is my intention to present to the profession some account of cases requiring other modes of operating for the formation of artificial pupil.

No. 4 Winter Street, October, 1838.

HISTORY OF THE MEDICAL SCHOOL OF ALBANY, N. Y.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I noticed a call in your Journal for information in regard to the history and present condition of the medical institutions in the United States ; and in a more recent number, your request for an account of the origin of the "Albany Medical College," the principles on which it is founded, and its ultimate design.

It is my intention to comply with your request so far as the Albany Medical College is concerned, and I will endeavor to give you, in detail, the facts which have a bearing upon the subject.

Dr. Alden March is most intimately connected with every step in the progress of organization, as well as in the design of establishment, of the medical college in this city ; and to his untiring industry and unyielding perseverance for eighteen years, are we indebted for the noble ornament which now adorns our city.

Dr. March was a pupil of Dr. William Ingalls, of Boston, an accomplished and indefatigable anatomist, from whom Dr. M. derived his taste for this "matter of fact" department of medical science, and fully equalled his preceptor in zeal and industry in the pursuit of anatomical knowledge. In 1820 Dr. March located in the City of Albany, with a moderate collection of anatomical preparations, and in the following year gave a course of lectures and demonstrations to a class of fourteen students. This may justly be considered as the starting point of the Albany Medical College, and we must refer back to this period for the original design of a permanent medical school in this city.

At this period the idea of dissections of the human body created visions of horror in the minds of the good citizens of Albany, and a professor in a medical college in this State had the philanthropy to inform Dr. March that his attempts to teach anatomy from the recent subject would necessarily result in his receiving a fracture of the cranium. No premium for insurance on the doctor's head was paid, and yet he had the temerity to make the attempt, which proved eminently successful. It may be noticed, as rather a singular coincidence, that the first course of lectures was delivered in a small building which had been known as the Albany Female Academy, and now distinguished as one of the most splendid and flourishing institutions of the kind in the United States.

In 1822, Dr. March, and four of the most respectable physicians in the city, were associated for the purpose of lecturing upon various branches of medical science; but in consequence of *sickness* and other causes, Dr. M. was left alone in the prosecution of his enterprise. In the following year a more numerous class attended his lectures, and in 1824 he received some assistance from Dr. Jonathan Dorr, of Washington County, whose lectures on surgery were well received by a still more numerous class.

In 1825, 26 and 27, Dr. March continued his lectures as usual, excepting that he entered more largely into physiology and operative surgery. In the fall of 1825 he received the appointment of Professor of Anatomy and Physiology in the Vermont Academy of Medicine, which brought him in immediate connection with Dr. William Tully, with whom he made an arrangement for uniting their exertions in January of 1828, for paving the way to a permanent medical institution in Albany. It is needless to add that the lectures of Dr. Tully were given with his usual ability and address. In the fall of 1829 Dr. Tully accepted a call to fill the chair of *Materia Medica* and Therapeutics in Yale College, which again left Dr. March to his individual exertions.

In Dr. M.'s introductory lecture to his course commencing in January, 1830, he dwelt upon the necessity of establishing a medical college, and also a hospital, in this city. His lecture was published by the class, and was thus given to the public.

In 1831 some assistance was rendered by Dr. Henry Bronson, and in the following year arrangements were made for the delivery of a full course of lectures, and the tickets were to be received at the Vermont Academy of Medicine towards graduation. In accordance with this

arrangement, in 1833 the following gentlemen gave a full course of medical instruction. On Chemistry and Natural History, Mr. H. Stevenson; on Anatomy, Physiology and Operative Surgery, Alden March; on Obstetrics and Diseases of Women and Children, Henry Greene; on Pharmacy, Materia Medica and Therapeutics, William Tully; on the Principles and Practice of Surgery, Theodore Woodward; on the Theory and Practice of Medicine, John James. About 50 students attended this course. Notwithstanding the success attending their efforts, the arrangement was dropped by the lecturers in consequence of the dissatisfaction of one of their number, and Dr. March gave his course without assistance in 1834 and 5.

Previous to this time the Legislature had been petitioned for an act of incorporation, but the bill was not acted on during the session.

In the seasons of 1836 and 7, Dr. March received the aid of Dr. James H. Armsby, who had been appointed to fill the chair of Anatomy and Physiology in the Vermont Academy of Medicine, upon the resignation of Dr. March in 1835. The Legislature was again petitioned, and but two votes were wanting to carry a two thirds bill through the popular branch of this body. In the winter of 1837, Dr. Armsby gave a highly popular course of lectures with demonstrations from the recent subject, to a numerous and highly respectable audience of citizens and students.

In 1838, the Corporation of the City of Albany, with a noble liberality, presented a lease for a term of years to a Board of Trustees, of an expensive and very large building, for the purposes of a medical college, and the citizens responded to a call made on their public spirit by contributing over \$5000 for necessary alterations and fixtures, and continue almost daily their donations for beautifying and improving the edifice of an institution in which they begin to feel a laudable pride.

Dr. March has the largest and most interesting private collection of anatomical and pathological specimens, it is believed, in the United States; with the addition of the collections of the other Professors in comparative anatomy, &c., the anatomical museum of this college will bear a comparison with any in this country. Professor Emmons adds his splendid cabinet of minerals, enriched by a great number of geological specimens of the United States and other countries. Thus much on the origin and present condition of the Albany Medical College.

The ultimate design of the Trustees and Faculty is to raise the standard of medical education, and to give an additional impulse to the advancement of science in the empire State; to ask of other institutions nothing "but what is clearly right, and to submit to nothing wrong."

It is freely admitted that this College is not yet incorporated; but its friends confidently expect and believe that its existence will be recognized by the Legislature during the ensuing winter; at all events, arrangements have been made by which the student will be secured all the advantages and immunities that an act of incorporation would bestow, and are thus placed upon a par, in these respects, with the most favored colleges in this or any other State.

I am, Sir, very respectfully, yours, &c. W. NEWCOMB.

N. B.—The lecture term for the ensuing winter commences on Wednesday, the third of January, and continues sixteen weeks. Lecture fees, \$65; matriculation, \$5; graduation, \$20. W. N.

NEW ENGLAND ASTER. ASTER NOVANGLIA.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—About forty years ago Dr. Baldwin, of West Stockbridge, who was esteemed by Dr. Sergeant, sen., as a very judicious physician, had the care of Mr. Barnes's son, say 10 years old, with an affection of the herpetic kind, a painful, tedious case, called salt rheum, on one leg from the knee quite down on to his foot. Many things had been used, and a mercurial course, without relief, and the doctor was ready to despair of curing the boy. While dressing his leg, one day, an Indian woman passing the house, called, and on seeing the leg, says, *I think I can give you herb will cure that boy.* What herb? says the doctor. She says, *I call 'em Indian scabious*; a strong decoction of the herb made and applied by washing the sores twice a day, and laying over a cerate plaster, and drinking of a tea of this herb several times daily. It appeared to be beneficial in a few days, and the cure was effectual. The doctor made a fair trial of the medicine. I was induced to seek for a name, and add it to my list of articles for eruptive disorders. We then had a man here very useful in diseases of beasts, who had a name for many vegetables, and his name for it was beeweed (and now known by that name), because it flowered late (the middle of September), and continued to blossom, one stalk after another, generally till the frost destroyed it, so that it was an autumnal feast for the bees. I have considered it a species of aster, and as there are a host of herbs of that name, I have long wished to have it particularized. A few days since I spent half an hour with Professor Chester Dewey, now of Rochester, who is delivering lectures now to the students in Pittsfield. He assured me that it was the New England Aster, Aster Novanglia, and had no other name—so beautiful and fragrant it might adorn a flower garden in the fall.

He also told me that the article I had so long called cow-paranip, was in Eaton's Botany called *Smyrnum aureum*, afterwards *zizia aureum*, and finally *zizia aurea* by a French botanist. I asked for the English of *zizia*. He said he did not know that in French it meant anything more than simply an herb. So that it appears that the old hysterical herb *imperatoria*, masterwort, must claim the name of cow-paranip, and Bartlett's epileptic remedy must be called by the name of *zizia aurea*, the golden herb. But it may be a long time before it loses its name of *spondylium*, cow-paranip, with the inhabitants of the counties of Hampshire and Berkshire, or of Connecticut, having retained it, probably, two centuries. Excuse the digression.

Some years since, say thirty, visiting a friend fifty miles from home, on riding out one day we passed a large growth of said aster in fall

bloom, so beautiful and of such a flavor he observed, "I should think that this might be medicinal." I replied, it is useful for the salt rheum, but not a sure remedy. He instantly dismounted, saying, *there is a young woman in our neighborhood, who has sat six successive winters with folded arms, plastered and almost useless, and can do very little after the frost comes, and begins now to complain. She shall try it.* My said friend some years after told me that said young woman was so relieved by washing and drinking, as the said Indian woman directed, that in a few weeks she was able to do her necessary work, and persevered using it so that she was cured and had nothing of the complaint any more. The two cases related are the only ones I have known where the aster alone was used. It has been useful in many instances in mitigating the complaint, and probably curing some others. This aster is with us yet in full bloom. It is probably described in some Botany, but not in Eaton's. A tea made from barley malt, sarsaparilla and this aster (the tops and flowers), and so bittered with fumitory as to resemble beer in some measure, I consider a useful drink while curing eruptive disorders. My circumstantial relation of cases may be accepted as an acknowledgment of obligation to the despised Indians.

I consider the name of an article of but little consequence, unless it is of use to me as a medicine. I now have the botanical name of an herb, given by an Indian to good effect in a case of nephritis, which I have long esteemed but never saw yet in any dispensatory, though known to many. If not prevented, I may probably give the account of its use by the Indians, and of its good effects in several cases.

Excuse haste and errors. I should have wrote some days sooner had not avocations prevented.

Your friend,

Stockbridge, Ms., 22d Sept., 1838.

O. PARTRIDGE.

MEDICAL ESSAYS.—NO. I.

[Communicated for the Boston Medical and Surgical Journal.]

WHETHER we regard the human frame as one whole, or consider, distinctly, the structure and relative position of its several parts, we are alike convinced of the wisdom, skill and benevolence of its great and divine Architect. For my own part, it has appeared to me quite as proper to assert that the *undevout anatomist is mad*, as it is that the *undevout astronomer is so*. But nothing so particularly engages my attention and induces me to admire the structure of the human frame, as that peculiar *balance or equilibrium* observable in its several organs and functions—a balance so nicely adjusted as to afford in itself a kind of guarantee of good health and long life. Hence it is not improper to remark, that when all the functions of the body are in a healthy state, and no morbid or disturbing agent or influence intervenes to prevent their proper operation and co-operation, the result will invariably be the blessing of good health. "There is," says a late writer, "an *internal elasticity* given to the human system, by which it is able to resist, without perma-

ment injury, the ordinary vicissitudes and morbid influences to which it is exposed."

Medical writers, and especially the older writers, manifest a strong attachment to the Latin phrases, *vis medicatrix naturæ* and *vis conservatrix naturæ*; but in many instances seem to signify little more by these phrases than mere vital energy or elasticity. And it is only when they have so far degraded themselves by that enthusiastic superstition that gives to nature a *personality* altogether unreal or imaginary, that they have been able to make anything more out of these phrases than mere vital energy. It is true, the elasticity alluded to, takes place according to a natural law, although its action may be modified or become different in different constitutions. But whether we make use of the term *elasticity*, or any other term, it is certain that little else is meant by it than a vital action or movement in the system, which is properly characterized by its being on the alert to restore every waste that may occur, regain every the least depravation of life or health, and ward off the attacks of everything that is hostile to the well being and comfort of the body. "When the system," says Caldwell, "is assailed by febrile miasm, its powers must confederate to resist the poison, or disease will ensue." This *confederacy*, continues he, is what I understand by *vis conservatrix naturæ*. "And hence it may be considered a maxim in pathology, that the more perfect any one's health is, the more successful will be the resistance of the *conservative power*." But what, let me ask, does this noted *conservative power* amount to, more than that each and every organ or tissue of the frame, being in a sound and healthy state, possesses a strong natural inclination to continue in that state, and will so continue, until the *stimulus of nutrition* (if it may be called so) upon which it depends, is diminished or withheld.

"*Irritability*" is said, by Dunglison, "to be a power possessed by organized bodies of being acted upon by certain stimuli; and *irritation*, the state of a tissue or organ, in which there is excess of vital movement." According to Broussais, "irritation is the condition of an organ, the excitation of which is carried to so high a degree, that the balance of all the functions is broken." This excitation I suppose he means is accomplished by certain morbid or hurtful stimuli. Magee tells us that "vital action depends on nutrition;" and nutrition, according to Dunglison, is that function by which the nutritive matter loses its own nature and assumes that of the different tissues, to repair their losses and support their strength." Another author briefly defines irritation to be a "hurtful impression upon the nerves." The blood (for illustration) may be said to nourish the whole system, either by way of excitation or stimulus, or by an actual transudation or transfer of the nutritive matter to the different tissues; but whenever the blood assumes a morbid state, it then affects the bloodvessels, by way of what may be called the *stimulus of irritation*.

Our main object, however, in thus presenting this matter, is to show that *morbid irritation*, strictly speaking, is *not the proper result of healthy stimuli*—those stimuli that are the prompters and supporters of vital movement. The over quantity or bad quality of the blood, in the

case supposed, we would say, becomes an unhealthy stimulus, or a stimulus that is so excessive as to break the balance of the system. More particularly, we would say, where morbid irritation takes place in any particular organ or tissue, the proper stimuli acting upon that organ in a healthy state will become morbid by excess; and also, through some physical or natural deficiency or incompetency in the organ itself, a similar effect will be produced. Healthy stimuli, as such, cannot be the proper occasion of a morbid condition of an organ that has a sound and healthy action. For instance, an individual takes an over quantity of food, at a time when every organ and tissue of the body is in a healthy state, and the food being supposed to be perfectly wholesome and nutritious; we contend that he would not necessarily incur any serious injury or irritation. It is admitted that very small excesses in eating or drinking will readily discompose a person of an irritable temperament or nervous habit. That the nervous filaments or capillaries of the skin, and mucous membrane of the digestive tube, owing to their extreme tenuity or delicacy of fibre, should be readily disturbed or disordered, by the mere contact of an acrid stimulus, would seem to be obvious; and that the prevalence of such a contact would be hurtful to the nerves, and occasion what some call inflammation. The proper meaning of inflammation is a burning pain; but it has obtained a more extensive acceptance, even so as to include "every local exaltation of the organic movements which may disturb the harmony of the functions or disorganize the texture in which it is situated." It is also said to extend to "irritations which do not induce disorganization of the textures." There is scarcely any organ or texture of the body, but what is liable to inflammation; and, indeed, any organ which may be irritated, may be said to be inflamed. But we aim more particularly at present, to attach some definite meaning to the term irritation. And in our humble opinion, if the term had never been used, only to signify some morbid or hurtful stimulus or impression, much of the obscurity prevailing among those who have treated upon it, would have been avoided.

It would seem, then, from the above remarks or definitions, that there are two sorts of irritants: viz., healthy stimuli exalted or carried to excess, and thus rendered irritative; and such stimuli as are acrid or morbid in their own nature. Malaria, or febrile miasms, are of the latter sort. We cannot pretend to determine the precise mode in which malaria act upon the system; but we think it more than probable that all irritants make a bold attack of some sort upon the capillaries, which may produce an unnatural and painful contraction of the muscles, as well as a morbid and painful sensibility in the nerves. The subject of the nerves is involved more or less in obscurity; and in even glancing at the subject it becomes us to use the greatest simplicity and perspicuity. Those diseases which are appropriately called nervous, are at present very imperfectly understood. So far, however, as we shall have occasion to allude to these diseases, we will endeavor to avoid the use of hard words. It is indeed the *opprobrium*, and perhaps *odium*, of the medical profession, that it should be under the necessity of making use of so many

terms which are unintelligible to people in general. We have already mentioned morbid influence, morbid impression and morbid sensibility, stimuli, irritants, &c. ; but we would apprise the reader, that in the use of these terms, we do not necessarily mean that the nerves alone are affected.

Sensibility, it is said, "means the property possessed by living parts of receiving impressions." We will suppose an individual has taken an over quantity of food, the consequence of which is an unusual distension and unnatural motion of the stomach, and in which the nerves of the stomach are implicated. A morbid impression upon the stomach, however, does not of course imply a pre-existing morbid sensibility in the nerves of the stomach. An individual in good health, going to a southern climate, may be more liable to the diseases of that climate, than one whose health is more delicate. This, however, will not, of course, be owing to any pre-existing morbid sensibility of the nerves. Johnson, in his valuable work upon tropical climates, may possibly have given currency to the notion (whether he intended it or not) that the people, in warm climates, are characterized by a morbid sensibility of the nerves, whereby disease is more readily propagated among them. To such a notion, however, we feel ourselves unprepared to subscribe. A residence of more than three years, in a warm climate, has enabled the writer to observe, that persons immigrating from the north to the south, characterized by a fulness of the vessels or a plethoric habit, are more liable, at least, to sudden attacks, than those whose health is more delicate ; and we would allege that this could not be attributed to any pre-existing morbid sensibility of the nerves. Any little excess in eating and drinking, and any exposure to a change of weather in that climate, seemed more sensibly to affect those immigrants who were of a plethoric habit. We shall not stop here to settle the point whether the capillary pulp of the skin, the mucous membrane of the digestive tube, or the inner surface of the lungs, is the channel through which the inflammatory fevers of warm climates are introduced. We think it plain, that in the case of an individual immigrating from the north to the south, the capillaries becoming more or less relaxed, will be more or less liable to excitation, to say the least ; and it is said to be "an acknowledged law of the animal economy, that when any part of the body is once put into a state of excitation, there is a greater flow of blood than natural in that direction." It is a belief that has obtained very much at present, that the febrile miasms of warm climates make their first and most irritative attack upon the ganglial nerves terminating in the inner surfaces of the lungs.

DR. COLLINS ON TURNING.—"I know of no operation more truly dangerous, both to mother and child, than the artificial dilatation of the os uteri and turning the child ; and confident I am, that the practitioner who adopts such a line of practice, *except from strict necessity*, will often have abundant cause to regret his proceedings."

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, OCTOBER 17, 1838.

MEDICAL LECTURES IN BOSTON.

THE annual course of medical lectures will soon commence at the Medical College in this city; and as the facilities for acquiring a thorough knowledge in all the departments taught, are excellent, we take much pleasure in calling the attention of students to the claims of this well-regulated institution. From a long acquaintance with the usages and conveniences of other schools, for acquiring a knowledge of practical anatomy, the foundation of all success in operative surgery, we do not hesitate to give the preference to this. The dissecting room is remarkably well constructed, and most ample provision is made for every one at all desirous of pursuing dissections in a quiet, regular and systematic manner, under the constant eye of an accurate demonstrator. We understand that Dr. Jeffrey Wyman has been appointed to that office, whose qualifications are of a high order. Since the close of the last term, Dr. Warren has returned from Europe, and will now resume his accustomed course of instruction in the chair of anatomy and surgery. In connection with the daily discourses and demonstrations at the college, the clinical lectures at the Massachusetts General Hospital are invaluable to the student. He there has an opportunity of witnessing almost every variety of operation referred to by authors, in the most skilful hands too. Those who have been medically educated in Boston, will know how to appreciate these observations.

Councillors' Meeting.—On Wednesday, October 3d, a quarterly meeting of the Councillors of the Massachusetts Medical Society was held at the Athenæum. Although the weather was favorable, only twenty members were present. At eleven o'clock, the president, Dr. Shattuck, took the chair, and the secretaries laid before the members the business to be acted upon. A catalogue of those who have recently become fellows, was read, but we could not pen the names and residences of the gentlemen as fast as they were announced. A petition was presented for a charter of a new district society, to be called the *Southern Medical District*—the place of meeting being New Bedford. It was voted, among other things, that the committee on publications should prepare a volume for distribution at the next anniversary. Eli Ives, M.D., of New Haven, Conn., and George McLellan, M.D., of Philadelphia, were unanimously elected honorary members of the Society. Nothing of much interest to the profession was transacted, besides the foregoing, and before one o'clock the council was dissolved.

Phrenological Lectures.—Mr. George Combe is now in this city, and those who entertain any respect for the science which he most eloquently advocates, could not listen to higher authority. Since the death of Dr. Spurzheim, Mr. Combe has been regarded as the strongest champion in

Europe, of the cause to which that celebrated man devoted his whole life. Those especially interested in legal medicine would derive profit from Mr. Combe's discourses. If he falls below the estimate we have formed of his powers, from the representation of his foreign admirers, we shall be quite free to make strictures according to our own convenience.

Albany Medical College.—A circular, in the form of a pamphlet, of thirty-four pages, has been sent abroad, which explains most fully the objects and prospects of this newly created institution. A spacious and commodious building near the capitol, one hundred feet in length, by fifty in width, exclusive of the wings, and three stories high, has been fitted up for the purposes of the college, by the liberality of the citizens and corporation of the City of Albany. From a printed catalogue of the articles constituting the anatomical museum, it must already be considered a splendid cabinet—the apartment being fifty feet square, twenty-six high between floors, surrounded by a gallery eight feet in width, furnished with glass cases. The college evidently appears to be destined for high distinction.

Leeches.—The profession of the city and its environs is respectfully directed to an advertisement in this day's Journal, in relation to leeches. Mr. Fowle not only promises a positive supply, but also pledges himself to forward them to any distance with safety. This is a proposition so entirely new, and at the same time of so much consequence to practitioners, that, with the present railroad facilities, any physician in the neighborhood of the country depots, may receive leeches from Boston within a few hours after they have been ordered. From a knowledge of the manner in which the advertiser transacts business, we have implicit confidence in his promptitude.

Rhode Island Medical Prize Questions.—The fifth Fiske fund prize dissertation, by James Fuller, M.D., of Providence, on *Scarlatina Anginosa*, will soon appear in the Journal, the manuscript having been received. The questions for 1839 are the following, viz.—1st, *The Medical Botany of Rhode Island*; 2d, *Erysipelas*, its varieties and the best mode of treatment. Dissertations to be sent, free of expense, before the first of May, to U. Parsons, M.D., Providence; N. Manchester, M.D., North Providence; or E. Fowler, M.D., Smithfield, R. I.

Bell's Medical Library.—The eleventh number of the second volume of this valuable periodical, completes the interesting "*Curiosities of Medical Experience*," by Millingen, and commences the *Medical Clinic of Andral*. Though we are promised, for the present, only so much as relates to the diseases of the encephalon, it is hoped that we shall not long remain without the volumes on the diseases of the thoracic as well as the abdominal viscera. The works of Andral will be found a treasure in the physician's library, and should be placed there as early as possible.

Medical Miscellany.—Only two deaths occurred the last quarter, ending Sept. 30, in the Chelsea Marine Hospital. The whole number of

patients in the same time was 190. Dr. Stedman is certainly very successful in his practice. If possible, it would have given us pleasure to mention the number of operations for the last three months.—Without specifying the name or character of the disease, the papers say that sickness prevails to an alarming extent throughout the northern part of Indiana, and through Michigan and Illinois. It is generally attributed to the dry sultry weather.—At the sixth annual meeting of the British Provincial and Surgical Association, at the City of Bath, Dr. J. C. Warren, of Boston, and Dr. R. Dunglison, of Philadelphia, were appointed honorary corresponding members.

Whole number of deaths in Boston for the fortnight ending Oct. 13, 68. Males, 38—females, 32. Of consumption, 13—dropsy on the brain, 3—wounds, 3—phthisis, 1—erysipelas, 1—delirium tremens, 1—disease of the heart, 2—convulsions, 2—old age, 1—hooping cough, 1—rheumatism of the heart, 1—teething, 2—cholera infantum, 16—infantile, 6—lung fever, 1—dysentery, 6—apoplexy, 1—scarlet fever, 2—typhoid fever, 2—bilious fever, 1—diarrhea, 2—marasmus, 2—cancer in the bowels, 3—chronic diarrhoea, 1—bilious colic, 1—dropsy in the abdomen, 1—hemorrhage from a wound, 1—burn, 1—croup, 1—stillborn, 1.

TO PHYSICIANS.

A physician residing about 15 miles from Boston, desirous of relinquishing practice, wishes to dispose of his estate. The land, about 14 acres, is well cultivated and stocked with trees, the buildings good, and the practice, having been in possession of the present occupant more than 20 years, a valuable one. With good security, the time of payment may suit the purchaser. Inquire at this office; if by mail, post-paid.

Oct. 17—St

AN EXCELLENT CHANCE FOR A PHYSICIAN.

Two subscribers, the only physician in the town, offers his stand for sale, situated in Lempster, N. H. It is a pleasant village, consisting of an excellent two story house, well finished and nearly new, with a back kitchen, wood house and barn, so constructed as to make it a very desirable situation for a physician—a good well of water under cover by the kitchen door. About one acre of land, under high cultivation. The town contains over 1000 inhabitants. Nearest physician from five to seven and a half miles. Price less than \$1000.

Oct. 17—3s

TRUMAN ABELL.

NEW LEECH ESTABLISHMENT.

The medical profession are hereby informed that the subscriber has made such arrangements that he will be able to supply them with the best Foreign Leeches, at the lowest market price. They will be safely put up in boxes, with the clay in which they were imported. Physicians may be certain that careful attention will be given to their orders.

Oct. 17—lycep

SETH W. FOWLE,

33 Prince St. corner of Salem St. Boston.

MEDICAL INSTRUCTION.

Two subscribers are associated for the purpose of giving a complete course of medical instruction, and will receive pupils on the following terms:

The pupils will be admitted to the practice of the Massachusetts General Hospital, and will receive clinical lectures on the cases they witness there. Instruction, by lectures or examinations, will be given in the intervals of the public lectures, every week day.

On Midwifery, and the Diseases of Women and Children, and on Chemistry, by Dr. CHANNING.

On Physiology, Pathology, Therapeutics, and Materia Medica, by Dr. WARR.

On the Principles and Practice of Surgery, by Dr. OTIS.

On Anatomy, by Dr. LEWIS.

The students are provided with a room in Dr. Lewis's house, where they have access to a large library. Lights and fuel without any charge. The opportunities for acquiring a knowledge of Anatomy are not inferior to any in the country.

The fees are \$100—to be paid in advance. No credit given, except on sufficient security of some person in Boston, nor for a longer period than six months.

Applications are to be made to Dr. Walter Channing, Tremont Street, opposite the Tremont House, Boston.

Oct. 18—1f

WALTER CHANNING,
JOHN WARR,
GEORGE W. OTIS, JR.,
WINSLOW LEWIS, JR.

HARVARD UNIVERSITY—MEDICAL LECTURES.

The Lectures will begin at the College in Mason street, first Wednesday in November, at 9 o'clock, A. M., and continue three months. For a month after, additional lectures will be given. Dissections in the Medical College, and attendance at the Hospital, will also be continued.

Anatomy and Operative Surgery, by

Dr. J. C. WARREN.

Midwifery and Medical Jurisprudence, by

Dr. CHANNING.

Materia Medica and Clinical Medicine, by

Dr. BUSHNELL.

Principles of Surgery and Clinical Surgery, by

Dr. C. HAYWARD.

Chemistry, by

Dr. WATSON.

Theory and Practice of Physic, by

Dr. WARR.

Circulars of the Medical and Surgical Practice of the Hospital may be had of the Dean.

WALTER CHANNING,
Dean of the Faculty of Medicine.

Boston, July 23, 1868.

Aug 1—1N

UNIVERSITY OF THE STATE OF NEW YORK.

COLLEGE OF PHYSICIANS AND SURGEONS OF NEW YORK.

The Lectures in this Institution will commence on the first Monday in November, and continue for four months.

J. AUGUSTINE SMITH, M.D., Professor of Physiology.

ALEXANDER H. STEVENS, M.D., Professor of Clinical Surgery. (Lectures at the New York Hospital.)

JOSEPH MATTHEW SMITH, M.D., Professor of the Theory and Practice of Physic and Clinical Medicine.

EDWARD DELAFIELD, M.D., Professor of Obstetrics and the Diseases of Women and Children.

JOHN B. BACK, M.D., Professor of Materia Medica and Medical Jurisprudence.

JOHN TORREY, M.D., Professor of Chemistry and Botany.

JOHN E. EISENBLANDER, M.D., Professor of Anatomy.

ALBAN G. SMITH, M.D., Professor of the Principles and Practice of Surgery.

ROBERT WATTS, JR., M.D., Lecturer on Special Anatomy.

The expense of attending a course of Lectures by all the Professors, is \$100.

Attendance upon two complete courses of Lectures is necessary to entitle the student to present himself for graduation, one of which must have been attended at this College. He must also have studied medicine three years, and attained the age of twenty-one years.

Two opportunities in each year are afforded for graduation; one on the first Tuesday in April, and one on the last Tuesday in October.

The examination of Candidates for the Spring graduation commences on the first of March, and for the Fall graduation on the 2nd Tuesday in September.

College Building.—During the last year, the new and extensive College edifice in Crosby Street has been completed. In its construction, no effort has been spared to provide while its walls every accommodation that may be necessary for carrying on the business of instruction in the various departments of Medical Science, and it is believed that in no one respect will it be found wanting in the great objects for which it was designed. To the planning of the Anatomical part of the building, special attention has been paid, with the view of furnishing every convenience and accommodation that may be required for teaching Anatomy, as well as for private dissection. In addition to the public dissecting room, a number of smaller rooms have been fitted up, where Anatomical investigations may be pursued in a more retired and private manner.

New York Hospital.—This Institution accommodates about two hundred and fifty patients, and presents every variety of disease and accident to which the human frame is liable. Situated in the very heart of the city, and within a few minutes walk of the College, it possesses the great advantage of being easy of access, without any loss of time, and the students have daily opportunities of witnessing the practice of the house.

New York Ear and Eye Infirmary.—The average number of patients who resort annually to this Institution, for professional advice, amounts to upwards of one thousand. It thus furnishes the amplest field for observation and instruction in the various diseases of the Eye and Ear. It is opened gratuitously to the students of the College.

J. AUGUSTINE SMITH, M.D., President.
N. E. DERRING, M.D., Registrar.

New York, June 25, 1838.

Aug 25—(1N1)

MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving Medical Instruction. Students will be admitted to the medical and surgical departments of the Massachusetts General Hospital, may see cases in one of the Dispensary Districts, and have abundant opportunities for observing the smallpox and varioloid diseases. They will receive clinical instruction upon the cases which they witness, and during the interval of the regular lectures at the College, they will receive instruction by lectures and recitations upon the various departments of medical science. Ample opportunities will be afforded for the cultivation of Practical Anatomy. They have access to a large library, and are provided with a study, free of expense.

Applications may be made to either of the subscribers.

M. S. FERRY, M.D.
H. L. BOWDITCH, M.D.
J. V. C. SMITH, M.D.
H. G. WILEY, M.D.

July 25—copN—cmJy

SCHOOL FOR MEDICAL INSTRUCTION.

THE Subscribers propose establishing a private Medical School, to go into operation the first of September next. The advantages of the Massachusetts General Hospital and other public institutions will be secured to the pupils; and every attainable facility will be afforded for anatomical pursuits.

Regular oral instructions and examinations in all the branches of the profession, will form a part of the plan intended to be pursued.

On the Practice of Medicine and Materia Medica, by

Dr. BIGELOW.

On Anatomy and Surgery, by

Dr. REYNOLDS.

On Midwifery and Chemistry, by

Dr. STORER.

On Physiology and Pathology, by

Dr. HOLMES.

Dissections will be carried on throughout the year, and a course of Lectures on Practical Anatomy and Surgery will be given in the interval between the Medical Lectures of Harvard University.

A room will be provided in a central part of the city, with all the conveniences required by students.

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STORER,
OLIVER W. HOLMES.

Boston, August 17, 1838.

Aug 25—op3m

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